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ABSTRACT

This paper describes first-year activities of the Prime Time Project, a community-based intervention with adolescents who have a history of both severe emotional disturbance and involvement in the juvenile justice system because of repeated or violent offenses. The intervention aims to decrease criminal behavior, increase prosocial behavior, and stabilize psychiatric symptoms. The project's causal model focuses on three areas of risk: attachment and the nature of the parent-child relationship during early childhood; the nature of parenting skills and strategies to which the child is exposed; and the child's ecological and community context. The model links background risk factors, more proximal antecedent risk factors, the intervention itself, and target outcomes. Emphasis is on skill building and behavior change in the youth's natural environment. Demographic and functional assessment data were gathered on 24 youth in the project and comparison youth. Analysis focused on diagnoses and history of treatment, intellectual functioning and academic achievement, overall functioning, school attendance, family involvement, admissions to juvenile detention, and new charges. This preliminary analysis suggests that the Prime Time model may be effective in facilitating more consistent monitoring and supervision of youth in this population, and in decreasing delinquent behavior. (Contains 10 references.) (DB)

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# The Prime Time Project: Preliminary Review of the First Year of a Community-Based Intervention for Youth in the Juvenile Justice System

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## Introduction

The Prime Time Project is an assertive, community-based intervention designed to address the specific needs of an extremely high-risk group of adolescents – those with a history of both severe emotional disturbance and involvement in the juvenile justice system because of repeated or violent offenses. The intervention aims to decrease criminal behavior (recidivism, severity of offenses), increase prosocial behavior (attendance, performance, and behavior at school/work, family, peer, and community involvement), and stabilize psychiatric symptoms. Youth are identified and referred while in juvenile detention. Referrals come from judges, detention staff, probation counselors, family members and health clinic staff. Services begin in detention and follow youth as they return to the community; with intervention taking place over a year-long period with intensity of services tapering over the course of treatment.

Development of the Prime Time intervention began with the specification of a causal model that informs and directs the nature of the program (see Figure 1). This model is both risk-based and interactional, portraying the links between background risk factors, more proximal antecedent risk factors, the intervention itself, and target outcomes. The causal model focuses on three areas of risk: attachment and the nature of the parent-child relationship during early childhood (Loeber, 1991; Greenberg & Speltz, 1993); the nature of parenting skills and strategies to which the child is exposed (Patterson, 1982; 1993; Greenberg & Speltz, 1993); and the child's ecological and community context (Costello, 1989; Jessor, 1991).

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The Prime Time intervention emphasizes skill building and behavior change in the youth's natural environment. The model seeks to facilitate transition from a delinquent life style with limited support to a prosocial lifestyle with a solid base of family and community support. The intervention seeks to stabilize youth, enhance and/or teach skills and competencies to youth and parents, and create or strengthen links between the youth, family and other community systems.

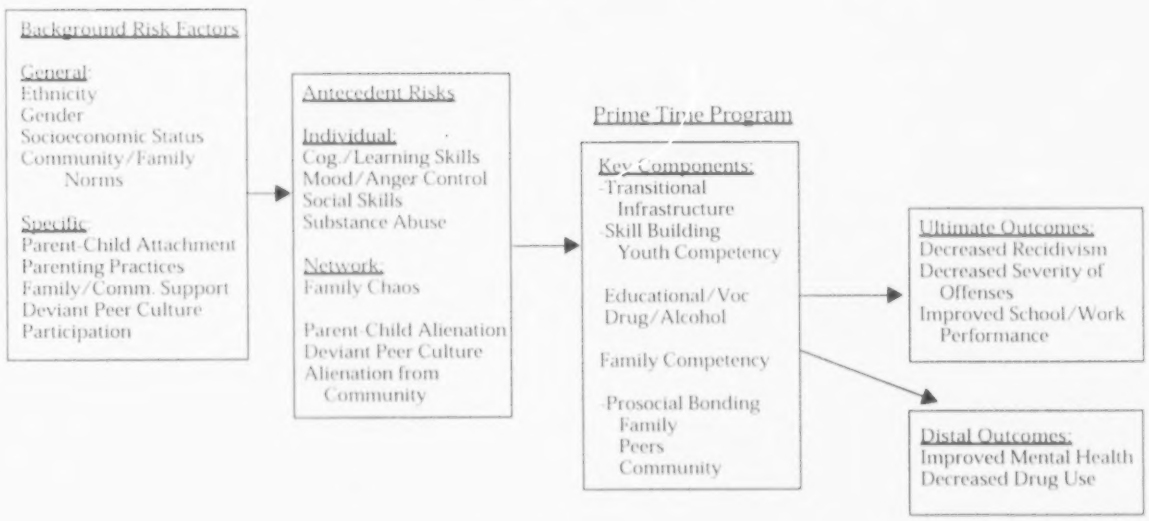
Central components of the Prime Time intervention:

- Establish a supportive infrastructure (through case management, convening a community-based team, intensive monitoring, group-based day program).
- Build skills: (a) Youth Skills: affect management, interpersonal problem-solving, educational, vocational, and substance refusal; (b) Parent/ Family Skills: parenting competency, parental advocacy, communication.
- Foster prosocial bonding of youth to family, peers, and community.

Key features of the Prime Time intervention:

- Close collaboration with the juvenile justice system.
- Services are delivered in the community.
- Services are comprehensive, incorporating mental health treatment, drug/alcohol treatment, competency enhancement, and community support.
- Services are based on assessment of strengths and needs of each youth and family.
- Intervention is targeted to risk factors that are specific to "double jeopardy" youth.
- Assertive case management is provided by experienced therapists/case managers.
- A diverse staff, sensitive to the needs of ethnic minority youth, provides culturally relevant services.
- Services are coordinated across boundaries of the juvenile justice system, schools, mental health system, child welfare, public health, and other community resources.

**Figure 1**
**Prime Time Project: Causal Model**



This summary reviews the first year of the Prime Time intervention. A sample of the client population is described, and juvenile justice data are used to explore the intervention's preliminary impact on involvement with the juvenile justice system (new charges; new admissions to detention).

## Method

Demographic and functional assessment data (WRAT-3: Wilkinson, 1993; K-BIT: Kaufman & Kaufman, 1990; CAFAS: Hodges, 1995) are used to describe the population served by the Prime Time intervention. School enrollment status and CGAS (Shaffer, et al., 1983) ratings of Prime Time participants were also tracked over the first year of the project. Trained graduate-student clinicians administered assessment instruments, with most assessment taking place in participants' homes or other community settings. We then compared the juvenile justice records of 24 Prime Time participants, retrospectively, with records of a matched sample of 24 youth not enrolled in the Prime Time intervention, but meeting entrance criteria (currently in detention with at least two admissions, age 12 to 17, adjudicated for a violent offense or documented history of violence, and presenting with a diagnosable mental health disorder).

We obtained a comparison sample using the following procedure: County detention health clinic charts are filed chronologically, based on the date of youth's first admission to detention. Matches were obtained by using the health clinic charts of Prime Time participants as an index point and searching for the first chart of a non-participant that meets Prime Time entrance criteria and matches the index youth as to age (within 1 year), sex, and ethnicity.

We reviewed the juvenile justice records of the resulting sample of 24 Prime Time participants and 24 comparison youth using the King County Juvenile Justice on-line database. We compared youth based on (a) number of admissions to detention and (b) number of new charges in juvenile court, both pre- and post-enrollment in the Prime Time Project.

## Results and Discussion

***Demographic data.*** The mean age of the 24 youth in the Prime Time sample was 14.9 years old (*SD*= 1.25); mean for youth in the comparison sample was 15.9 (*SD*=.88). Both samples included about 50% males. Youth were 54% Caucasian, 29% African American, 13% Native American and 4% were of mixed heritage.

***Diagnoses and history of treatment.*** Primary and secondary diagnoses (comparison sample diagnoses as reported in medical charts in Detention Health Clinic) are reported in Table 1. These data highlight the profound impact of substance abuse on the lives of these youth. Similarly, these initial findings support previous research noting the high rate of co-occurring mental health and substance abuse diagnoses. As we continue to specify the nature of the Prime Time intervention model, integrating substance abuse treatment with mental health interventions will take the forefront.

The majority of youth in both samples had received outpatient mental health treatment only (58% of Prime Time sample and 75% of comparison), with 30% of the Prime Time sample and 21% of the comparison sample having had both in- and outpatient treatment. Twelve percent of the Prime Time sample and 4% of the comparison sample had received no mental health treatment.

***Intellectual functioning and academic achievement.*** At the time of enrollment, youth in the Prime Time sample scored in the "average" range of intellectual functioning (*M*=93.6, *SD*=9.0) as measured by the K-BIT. Non-verbal performance (*M*=98.1, *SD*=9.6) was consistently better than verbal (*M*=90.2, *SD*=9.8), most likely reflecting the

extent to which these youth are disconnected from the public school system. Similarly, at the time of enrollment, youth in the Prime Time sample performed, on average, between the fifth and sixth grade levels in reading, spelling and arithmetic (WRAT-3).

***Overall functioning (CAFAS).*** At the time of enrollment, 20 of the 24 youth scored in the CAFAS range labeled "likely requires intensive treatment." The remaining 4 scored in the range labeled "may require care more intensive than outpatient."

**Table 1**
**Co-occurrence of Mental and Substance Abuse Disorders**

| | Prime Time group *n* = 24 | | Comparison group *n* = 24 | |
|---|---|---|---|---|
| | *n* | % | *n* | % |
| Primary diagnoses[1] | | | | |
| Dysthymia | 6 | 25 | 7 | 29.2 |
| Depression | 6 | 25 | 7 | 29.2 |
| Bipolar disorder | 4 | 16.7 | 2 | 8.3 |
| ADD/ADHD | 2 | 8.3 | 5 | 20.8 |
| PTSD | 4 | 16.7 | 2 | 8.3 |
| Other | 2 | 8.3 | 1 | 4.2 |
| Secondary diagnoses[1] | | | | |
| Dysthymia | 9 | 37.5 | 5 | 20.8 |
| Depression | 1 | 4.2 | 3 | 12.5 |
| Bipolar disorder | 0 | 0 | 2 | 8.3 |
| ADD/ADHD | 6 | 25.0 | 3 | 12.5 |
| PTSD | 4 | 16.7 | 5 | 20.8 |
| Other | 3 | 12.5 | 2 | 8.3 |
| None | 1 | 4.2 | 2 | 8.3 |
| Co-occurring substance abuse: | | | | |
| Identified substance abuse problems | 23 | 95.8 | 18 | 75 |
| No identified substance abuse problems | 1 | 4.2 | 6 | 25 |

[1] Conduct Disorder and substance abuse disorders are excluded.

***School attendance.*** At enrollment, 20 of the 24 youth in the Prime Time sample were not attending any school. Twelve months after enrollment, all but 2 youth were either attending a public school or enrolled in a GED or alternative school program. These data suggest that an intervention emphasizing skill building along with monitoring and support may be effective in enhancing youths' survival in the school setting.

***Family involvement.*** Of the 24 youth in the Prime Time sample, 10 lived with at least one parent, 7 lived with a family member other than a parent, 6 lived in foster of group care, and 1 was homeless. While youth were not always able to live with parents or other family members, family members were almost always important sources of support. Of the 24 youth in the sample, all but 2 had a family member involved in their care in some way. Four youth receive support from two parents, 13 from their mother only, 3 from grandmother, and 2 from other family members.

## Juvenile Justice Involvement

***Admissions to detention.*** A retrospective comparison of admissions to juvenile detention was conducted for the Prime Time and comparison samples at 5 points: (a) prior to enrollment in the Prime Time intervention, (b) 3 months, (c) 6 months, (d) 9 months, and (e) 12 months. Wilcoxon matched-pairs signed ranks tests were conducted for each comparison. The Prime Time sample ($M$=5.54, $SD$=1.93) had a history of more admissions to detention than the comparison sample ($M$=4.04, $SD$=2.44; 2-tailed $p$=.01). However, admissions to detention at 3, 6, 9 and 12 months did not differ between the Prime Time and comparison samples.

***New charges.*** A retrospective comparison of new charges in juvenile court is reported for the Prime Time and comparison samples at 5 points: (a) prior to onset of Prime Time intervention,

(b) 3 months, (c) 6 months, (d) 9 months, and (e) 12 months (see Figure 2).

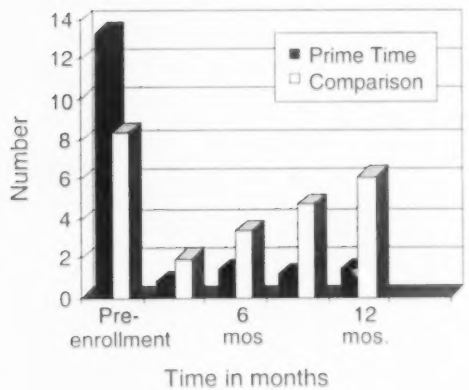
Wilcoxon matched-pairs signed ranks tests were conducted for each comparison. The Prime Time sample had a history of more charges in juvenile court ($M$=13.29, $SD$=6.83) than the comparison sample ($M$=8.33, $SD$=4.06; 2-tailed $p$=.001). However, as depicted in Figure 2, the direction of difference reversed at 3, 6, 9, and 12 months, in that the Prime Time sample received fewer new charges in court than the comparison sample.

These retrospective comparisons suggest that participants in the Prime Time intervention do not differ from the matched comparison sample with regard to the number of times they return to detention at 3, 6, 9, or 12 months after enrollment in the intervention. This finding may be understood in either of two ways: (a) the Prime Time intervention has no impact in this domain, or (b) Prime Time youth are returning to detention for some reason other than new delinquent behavior.

The differential rate of new charges in juvenile court supports the latter explanation. While Prime Time youth had a history of more charges than the matched comparison group, they received fewer charges at 3, 6, 9 and 12 months. In concert with the finding of "no difference" in admissions to detention, this lower rate of new charges suggests that Prime Time youth are returning to detention as a result of closer supervision and monitoring of compliance with the terms of probation.

While the preliminary nature of this report precludes drawing any conclusions, these comparisons suggest that the Prime Time model may be effective in facilitating more consistent monitoring and supervision of youth in this population, and in decreasing delinquent behavior.

**Figure 2**
**Number of New Charges in Juvenile Justice System: Prime Time and Comparison Groups**




## Discussion

Youth served during the first year of the Prime Time Project represent the "deep end" of the continuum of need for services, reflected in their level of disconnectedness from family and community, delinquent behavior, mental health and substance abuse problems. Families of these youths, for both obvious and subtle reasons, were often unable to provide the level of support and monitoring that they would like. In working with these youth, we have found that our ability to

**Table 2**
**New Charges in Juvenile Justice System: Prime Time and Comparison Groups**

| | Prime Time | Comparison | $n$ | $p$ |
|---|---|---|---|---|
| 3 months | $M$ = .83, $SD$ = 1.23 | $M$ = 1.96, $SD$ = 1.46 | 24 | .01 |
| 6 months | $M$ = 1.45, $SD$ = 1.63 | $M$ = 3.35, $SD$ = 2.30 | 20 | .00 |
| 9 months | $M$ = 1.14, $SD$ = 1.56 | $M$ = 4.71, $SD$ = 1.90 | 14 | .00 |
| 12 months | $M$ = 1.42, $SD$ = 1.38 | $M$ = 6.08, $SD$ = 2.61 | 12 | .00 |

address treatment goals often hinged on close collaboration with the juvenile court, probation counselors and police (in addition to families and other child-serving agencies). Aided by these systems' capacity to monitor and enforce limits and boundaries, the Prime Time interventions could focus more directly on skill-building and enhancing pro-social bonds to family and community.

This summary presents a preliminary report of the activities of the Prime Time Project. The lack of a comparison sample for some variables, and the retrospective nature of comparisons for the juvenile justice variables, along with the small sample size, preclude any conclusions regarding the treatment model. The reader also may note that for variables reported as time series, the *n* decreased from 24 to 20, 14 and 12 at 3, 6, 9 and 12 months, respectively. This reflects the gradual nature of enrollment of youth over the first year of the Project and is not a function of "drop outs."

We have recently submitted a proposal to NIMH for a development grant. This grant would fund a case study series and manualization of the intervention, followed by a pilot study to prepare for a full-scale, controlled evaluation of the Prime Time intervention.

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